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MINNEAPOLIS, MN 55402				(Depositor's name) (Signature)			
							(Signature)
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CON		CONFIRMATION NO.	
10/581,236 12/24/2008			Vincent Le Nir		F4(0,12-0041	9145
TITLE OF INVENTION: METHOD FOR THE MULTI-ANTENNA TRANSMISSION OF A LINEARLY-PRECODED SIGNAL, CORRESPONDING DEVICES, SIGNAL AND RECEPTION METHOD							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE T	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	04/25/2011
. EXAMINER ARI		ART UNIT	CLASS-SUBCLASS	The second secon			
LE, THANH C 2618		2618	455÷101000				
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 David D. Brush; Westman, Champlin & Kelly, P.A.				
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSE	less an assignee is ident h in 37 CFR 3.11. Com GNEE	A TO BE PRINTED ON iffied below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing ((B) RESIDENCE: (CI	patent. If an assign an assignment. FY and STATE OR (ocument has been filed for
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lease check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual ☐ C	orporation	or other private gro	oup entity Government
Advance Order -	lo small entity discount # of Copies	4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 231123 (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee an	d Publication Fee (if req		d from anyone other tha				he assignee or other party in
Authorized Signature	David D	Brush		Date	Varch No. 3	18, 2011 4,557	/
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